

HCCN Project Work Plan

1. Complete this work plan in Excel and upload as Attachment 1 in the application.
2. Applicants are required to identify at least two activities under each focus area. Applicants should add additional rows under each focus area to detail additional broad-level activities (and their accompanying fields of person/area responsible, time frame, and expected outcome) that will be completed as part of the proposed project.

Section A – Adoption and Implementation				
Goals (end of project period):	Provide numerator and denominator baseline data below.		Provide percentages for goals and baselines below.	
Goal A1. Percent of participating health centers' sites that have implemented a certified EHR system			Goal A1:	
implemented, certified EHR system across all participating health centers	Numerator A1:		Baseline data:	
Health Center sites across all participating health centers	Denominator A1:			
Goal A2. Percent of eligible providers across all participating health centers using a certified EHR system			Goal A2:	
eligible providers using a certified EHR system across all participating health centers	Numerator A2:		Baseline data:	
eligible providers across all participating health centers	Denominator A2:			
Key factors: Based on participating health centers' MOAs and overall needs assessment, identify 2 or more key factors impacting performance on these measures (include at least 1 factor predicted to contribute to and at least 1 factor predicted to restrict progress toward achieving the proposed goals).				
1. Contributing Factor(s):				
2. Restricting Factor(s):				

responsible, time frame, and expected outcome) for each focus area. Indicate any progress made in the last year, as applicable. Add additional rows below to add additional activities.

Activity (Maximum 200 characters)	Person /Area Responsible (Maximum 200 characters)	Time Frame (Maximum 200 characters)	Expected Outcome (Maximum 200 characters)	Comments/ Progress (Max. 1000 characters)
On separate rows, identify the major activities that must be taken to achieve the goal.	Identify who will be responsible and accountable	Identify the expected time frames for carrying	Indicate what is anticipated to happen as a result of the proposed	As desired, provide supplementary information
Focus Area A1. Due Diligence: Conduct thorough due diligence to ensure that systems include key features and meet health centers' needs.				
Focus Area A2. Economies of Scale/Vendor Management: Support shared resources to employ economies of scale and manage vendor relationships.				
Focus Area A3. Pre-implementation: Provide technical assistance in project management, informatics, decision making, and implementation planning.				
Focus Area A4. Go-live: Provide EHR implementation technical assistance and training.				

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support, planning, and training, including assisting participating centers and eligible providers in the initial registration, attestation, and data submission required to receive Adoption/Implementation/ Upgrade incentive payments from CMS/states for initial EHR adoption activities.

Section B - Meaningful Use

Goals (end of project period):	<i>Provide numerator and denominator baseline data below.</i>	<i>Provide percentages for goals and baselines below.</i>	
Goal B1. Percent of eligible providers who have registered and attested/applied for EHR Incentive Program payments.		Goal B1:	
who have registered and attested/applied for EHR Incentive Program payments across all participating health centers.	Numerator B1:	Baseline data:	
eligible providers across all participating health centers.	Denominator B1:		
Goal B2. Percent of eligible providers receiving EHR Incentive Program payments.		Goal B2:	
receiving EHR Incentive Program payments across all participating health centers.	Numerator B2:	Baseline data:	
eligible providers across all participating health centers.	Denominator B2:		
assessment, identify 2 or more key factors impacting performance on these measures (include at least 1 factor predicted to contribute to and at least 1 factor predicted to restrict progress toward achieving the proposed goals).			
1. Contributing Factor(s):			
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responsible, time frame, and expected outcome) for each focus area. Indicate any progress made in the last year, as applicable. Add additional rows below to add additional activities.

Activity <small>(Maximum 200 characters)</small>	Person /Area Responsible <small>(Maximum 200 characters)</small>	Time Frame <small>(Maximum 200 characters)</small>	Expected Outcome <small>(Maximum 200 characters)</small>	Comments/Drawings <small>(Max. 1000 characters)</small>
On separate rows, identify the major activities that must be taken to achieve the goal.	Identify who will be responsible and accountable for carrying out the	Identify the expected time frames for carrying out the	Indicate what is anticipated to happen as a result of the proposed activities (i.e.	As desired, provide supplementary information related to
Focus Area B1. System Architecture: Support EHR upgrades and modifications, data sharing, reporting and systems training to meet meaningful use requirements.				
Focus Area B2. EHR Incentive Program Application: Provide training and assist participating centers and providers in registration, attestation, and data submission required to receive incentive payments from CMS/states.				

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and collaboration to maintain meaningful use compliance through applicable stages of meaningful use as defined by the Medicare and Medicaid EHR Incentive Programs.				

Section C - Quality Improvement

Goals (end of project period):	<i>Provide numerator and denominator baseline data below.</i>	<i>Provide percentages for goals and baselines below.</i>		
Goal C1. Percent of health centers that meet or exceed Healthy People 2020 goals on at least one Uniform Data System (UDS) clinical quality measure.		Goal C1:		
meet or exceed Healthy People 2020 goals on at least one UDS clinical quality measure.	Numerator C1:		Baseline data:	
Denominator C1. Total number of participating health centers.	Denominator C1:			
Goal C2. Percent of health centers that achieve PCMH recognition or maintain/increase their PCMH recognition level.		Goal C2:		
health centers that achieve PCMH recognition, or increase their PCMH recognition level.	Numerator C2:		Baseline data:	
Total number of participating health centers.	Denominator C2:			
<i>assessment, identify 2 or more key factors impacting performance on these measures (include at least 1 factor predicted to contribute to and at least 1 factor predicted to restrict progress toward achieving the proposed goals).</i>				
1. Contributing Factor(s):				
2. Restricting Factor(s):				

responsible, time frame, and expected outcome) for each focus area. Indicate any progress made in the last year, as applicable. Add additional rows below to add additional activities.

Activity (Maximum 200 characters)	Person /Area Responsible (Maximum 200 characters)	Time Frame (Maximum 200 characters)	Expected Outcome (Maximum 200 characters)	Comments/Progress (Max. 1000 characters)
<i>On separate rows, identify the major activities that must be taken to achieve the goal.</i>	<i>Identify who will be responsible and accountable</i>	<i>Identify the expected time frames for carrying</i>	<i>Indicate what is anticipated to happen as a result of the proposed</i>	<i>As desired, provide supplementary information</i>
and use quality reports, data dashboards, population health management systems, and centralized HIT tools to manage patient populations and manage and coordinate integrated care.				
Focus Area C2. Data Sharing and Information Exchange: Provide HIT support to maximize functional interoperability and use of data exchange standards, foster program efficiencies, and provide operational and clinical improvement, focusing on UDS clinical quality measures that meet or exceed Healthy People 2020 goals.				

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Provide QI training and support the integration of HIT efforts into larger quality strategies and service provision, optimizing continuous quality improvement.				
the Health Care Landscape: Coordinate QI activities to support health centers in aligning their HIT efforts with HIT changes in the evolving health care delivery system.				